

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584153

FILING DATE

08 FEB 2007

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1				51				
1	1				52				
2		1			53				
3		2			54				
4		2			55				
5		8			56				
6		0			57				
7					58				
8					59				
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42					93				
43					94				
44					95				
45					96				
46					97				
47					98				
48					99				
49					100				
50									
TOTAL IND.	1								
TOTAL DEP.	7								
TOTAL CLAIMS	8								